U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Jimmie Lewis	COURT CASE NUMBER CA NO. 05-013 Gms
DEFENDANT DR. JOSHI	TYPE OF PROCESS O/C

SERVE ► NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

DR. JOSHI IS A PSYCHIATRIST AT THE HRYCI

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT 1301 E. 12TH ST, WILM DE 19809

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

JIMMIE LEWIS, SBI # 506622 DEL. CORR. CENTER 1181 PADDOCK RD SMYRNA, DE 19977	Number of process to be served with this Form - 285	4
	Number of parties to be served in this case	44
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold   Fold

COMPLAINTS ARE DATED, 7/18/06, 3/29/05,
(FORMA PAUPERIS)   1/6/05, 10/3/05

Signature of Attorney or other Originator requesting service on behalf of: Jimmie Lewis	☒ PLAINTIFF ☐ DEFENDANT	TELEPHONE NUMBER N/A	DATE 7/17/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk BF	Date 10-4-06

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 10/5/06	Time 900 ☒ am ☐ pm
	Signature of U.S. Marshal or Deputy BF

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:
No longer @ HRYCI
Return Unexecuted

2006 OCT -6 AM 8:50
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
FILED

PRIOR EDITIONS MAY BE USED	**1. CLERK OF THE COURT**	FORM USM-285 (Rev. 12/15/80)